

**DEPARTMENT OF INSURANCE
STATE OF NEBRASKA
APPLICATION TO EFFECT INSURANCE IN NON-ADMITTED COMPANIES
(Individual Form)**

(Pursuant to Neb.Rev.Stat. §44-5501 through 44-5514)

For the purpose of securing a license to sell insurance in non-admitted companies, I submit the following statements and answers to the questions contained herein. (Must be typed or printed legibly).

1. Name of Applicant _____
2. Date of Birth (mm/dd/yy) _____ Social Security Number _____
3. Agency or other business connection _____
4. Present Occupation _____
5. Resident address of applicant _____

6. Principal business address _____

7. Other business address _____

8. I am currently licensed as a resident producer in the State of _____
9. Has any fidelity or surety bond for you ever been declined, canceled or the subject of claim? _____ If yes, explain fully. _____

10. Has any license held by you as an insurance producer in this or any other state ever been canceled or suspended by any supervising official of Insurance? _____ Have you ever been refused a license as an insurance producer in any state? _____ If yes, explain fully.

11. Have you, directly or indirectly, ever had any financial or managerial interest in or connection with any insurance agency, agent or solicitor licensed in Nebraska? _____
If yes, explain fully the connection. _____

12. (a) Have you ever placed insurance in non-admitted carriers on property or risks owned by you or any of your relatives by consanguinity or affinity, and received commissions or fees thereon? _____
- (b) If yes, what percentage of your total volume of premiums on Nebraska business will this represent? _____
- (c) What percentage of your total volume of premiums on Nebraska for the forthcoming year will this represent? _____
13. (a) Have you ever, while employed, placed insurance in non-admitted carriers on property or risk owned by your employer? _____ Have you ever as an employer, placed insurance in non-admitted carriers on property or risks owned by your employees and received commission or fees thereon? _____
- (b) If yes, what percentage of your total volume of premiums on Nebraska business will business will this represent? _____
- (c) What percentage of your total volume of premiums on Nebraska for the forthcoming year will this represent? _____
14. Have you read and do you fully under stand Neb.Rev.Stat. §44-5501 through 44-5514 of Nebraska Insurance Code? _____ Do you pledge to comply with these laws?
15. In the table below list the total premiums in non-admitted carriers written by you in Nebraska, the total premium tax paid by you to the State of Nebraska and the total fire marshal tax paid by you to the State of Nebraska for each of the last five years.

YEAR (List most recent first)	TOTAL PREMIUMS	PREMIUM TAX	FIRE MARSHALL TAX

16. In the table below list the total premiums in non-admitted carriers written by you in states other than Nebraska, the total premium taxes paid to those states, and the premium tax rate applicable, for each of the past five years.

YEAR (list most recent year first)	STATE	TOTAL PREMIUM	PREMIUM TAX RATE	PREMIUM TAX

I hereby certify that my answers to the foregoing are true.

Signature of Applicant

Subscribed and sworn to at _____ before me this ____ day
of _____ A.D. 20____.

Notary Public

My commission expires on _____, 20____.

State of Nebraska

County of _____